

## The Williams Supplement (MUST ACCOMPANY THE COMMON APPLICATION)

Please complete and returnthis form postmarked by January I (by Novem	nber 10 for Early Decision)	-			town, Massachusetts 01267.			
Indicate application type below.		Social	Security number	Ортю	NAL			
O Early Decision (November 10 deadline) As a candidate Prospectus. This is my only Early Decision application. If adm								
Candidate's signature	Date							
College advisor's signature								
O Regular Decision (January 1 deadline) Applications for	Regular Decision at Wi	lliams are nonbinding	Ţ.					
Please print or type.								
PERSONAL DATA								
Legal name	First		MIDDLE INITIAL		Jr., etc.			
Prefer to be called	Bi rth date		Gender					
Home phone	E-mail							
Permanent home address	City or Town		State	Country	ZIP CODE + 4 OR POSTAL CODE			
What is your citizenship status relative to the United States?	GITT OK TOWN			Coomin	Zii CODE i TOXTOSIII CODE			
○ U.S. citizen	O Non-U.S. citizen and I do hold a permanent resident visa in the United States							
O Dual citizen of U.S. and	_ O Non-U.S. cit	izen and I <i>do not</i> hold	a permanent resident visa	in the United	States			
If you are not a U.S. citizen, please indicate the country of your	citizenship.							
FAMILY								
Parent/Guardian 1		Parent/Caurdian 2						
Last/Family First	MIDDLE INITIAL	Parent/Gaurdian 2	LAST/FAMILY	First	MIDDLE INITIAL			
Is this parent/guardian living? O Yes O No		Is this parent/guard	dian living? O Yes O	No				
Home address if different from yours		Home address if di	fferent from yours	BER AND STREET				
CITY OR TOWN STATE COUNTRY	ZIP CODE + 4 OR POSTAL CODE	City or Town	Stat	E COUNTRY	ZIP CODE + 4 OR POSTAL CODE			
Occupation		Occupation						
Name of business or organization	DESCRIBE BRIEFLY  DF Organization			Name of business or organization				
Name of college, if any		Name of college, if	any					
	Year	Degree			Year			
Name of professional or graduate school, if any			nal or graduate school, if a					
. , ,	Year	•		•	Year			
State or country of birth		Degree Year  State or country of birth						
If not with both parents, with whom do you make your perma		oute of country of	<u></u>					
Check if parents are  o married  o separated  o divorcec		) O other (spec	cify)					
If your parent(s) or other relatives, including siblings, have attended their relationship to you, and their Williams class (if known).	ded or are attending Wi	lliams, please list them	n, giving their full name (ir	ıcluding maidei	n name, if applicable),			
Relative name Last/Family First	MIDDLE INITIAL	Relationship	Grad Date	e De	gree			
Relative name		Relationship	Grad Date	: De	gree			
LAST/FAMILY FIRST	MIDDLE INITIAL	n 1 : 1:						
Relative name	MIDDLE INITIAL	Relationship	Grad Date	e De	gree			

## ACADEMIC INFORMATION

Legal name	LAST/FAMILY	First	M	IDDLE INITIAL	Jr., etc.	
School name						
School code						
Current academic level		HS graduation date				
What are your two ma	in areas of academic interest?					
Will you be submitting	s any supplementary material fo	or evaluation (tape, slides, résum	é, artistic or scientific wo	rk, etc.)? O Yes O No	(If yes, please describe)	
If you have taken or pla	an to take Advanced Plaœment	t exams or International Baccalat	ıreate exams, please list b	elow.		
Date	Subject	Score (optional)	Date	Subject	Score (optional)	
PAYMENT INFO	ORMATION					
You have two payment	options if you chose to submit	the paper version of the William	ns Supplement and Com	mon Application:		
I am submitting m	y \$60 application fee by chec	${f k}$ (Please mail the check, the Will	iams Supplement, and the	Common Application in the sa	ame enwlope.)	
○ I am applying for a	fee waiver.					
If requesting a fee wa	niver, please supply the followir	ng information:				
Combined annual fa	mily income in U.S. dollars					
Number of depende	nts listed for tax purposes					
Any other pertinent	information					